

OFFICE OF THE STATE CONTROLLER

STATE MANDATED COSTS CLAIMING INSTRUCTIONS NO. 99-6

VOTERS REGISTRATION COSTS

Enclosed is material relating to claiming reimbursement of 1998-99 costs pursuant to Chapter 704/75, Voters Registration.

Section 2130 of the Elections Code states:

"From moneys appropriated by the Legislature, the Controller shall allocate and disburse to the counties the amounts necessary to reimburse them for net costs incurred by them in complying with voter registration provisions, including the provisions authorizing voter registration by mail and voter outreach programs, as set forth in Chapter 704 of the Statutes of 1975, as amended. The Secretary of State, in consultation with the Controller, shall develop a formula for the reimbursement of these costs. The Controller shall prescribe the forms for filing claims pursuant to this section. These claims shall be submitted to the Controller by October 31 in the year following the fiscal year in which the costs were incurred."

An individual per affidavit cost reimbursement formula was developed by the Secretary of State (SOS) in consultation with the State Controller's Office for each county based on 1992-93 cost data. In addition, the SOS worked in a cooperative effort with county election officials over a two year period to develop formulas for reimbursement that would accurately reflect each county's actual net costs.

Annual payment to an individual county for conducting mail registration would be the 1992-93 per affidavit cost adjusted for annual changes in the Consumer Price Index (CPI) as provided by the State Department of Finance, Economic Research Unit. The CPI increases were 3.2% in 1993-94, 1.7% in 1994-95 and 1995-96, 2.3% in 1996-97, 2.0% in 1997-98, and 2.4% in 1998-99.

The amount appropriated by the Legislature in the 1999 State Budget Act (Chapter 50, Statutes of 1999) for reimbursement of 1998-99 fiscal year costs is \$1,416,000. Reimbursement claims detailing the actual costs incurred for the 1998-99 fiscal year must be filed with the State Controller's Office. The county must complete form VRP-1 to determine the amount that can be claimed for the 1998-99 fiscal year.

Claims for reimbursement of 1998-99 costs must be filed with the State Controller's Office, delivered or postmarked by November 1, 1999. The signed original and a copy of form FAM-27C, and a copy of form VRP-1 must be submitted.

Mailing addresses for filing claims:

If delivery is by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250

If delivery is by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 500
Sacramento, CA 95816

If there are any questions concerning the enclosed material, please write to the above address or call the Local Reimbursements Section at (916) 323-3258.

CLAIM FOR PAYMENT Pursuant to Elections Code Section 2130 VOTERS REGISTRATION PROCEDURES			For State Controller Use Only	
(01) Claimant Identification Number			(16) Program Number 0056	
(02) Mailing Address			(17) Date File _____/_____/_____	
Claimant Name			(18) LRS Input _____/_____/_____	
County of Location			Reimbursement Claim Data	
Street Address or P. O. Box			(19)	
City State Zip Code			(20)	
City State Zip Code			(21)	
City State Zip Code			(22)	
City State Zip Code			(23)	
Type of Claim			(24)	
Estimated Claim			(25)	
(03) Estimated <input type="checkbox"/>			(26)	
(04) Amended <input type="checkbox"/>			(27)	
Reimbursement Claim			(28)	
(08) Reimbursement <input type="checkbox"/>			(29)	
(09) Amended <input type="checkbox"/>			(30)	
Fiscal Year of Cost			(31)	
(05)			(32)	
(10) 1998/1999			(33)	
Total Claimed			(34)	
(06)			(35)	
Less: Estimated Claim Payment Received			(36)	
(12)			(37)	
Net Claimed Amount			(38)	
(13)			(39)	
Due from State			(40)	
(07)			(41)	
Due to State			(42)	
(15)			(43)	
(34) CERTIFICATION OF CLAIM <p>In accordance with the provisions of Elections Code § 2130, I certify that I am the person authorized by the local agency to file claims with the State of California for costs mandated by Chapter 704, Statutes of 1975, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive.</p> <p>I further certify that there was no application other than from the claimant, nor any grant or payment received, other than from the claimant, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 704, Statutes of 1975.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>Signature of Authorized Representative</p> <p>_____</p> <p>Type or Print Name</p> <p>_____</p> </div> <div style="width: 45%;"> <p>Date</p> <p>_____</p> <p>Title</p> <p>_____</p> </div> </div>				
(35) Name of Contact Person for Claim Telephone Number				
_____ (____) _____ Ext. _____				

VOTERS REGISTRATION PROCEDURES Certification Claim Form Instructions	FORM FAM-27C
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- (01) Leave blank.
- (02) A set of mailing labels with the claimant's I.D. number and address has been enclosed with the claiming instructions. The mailing labels are designed to speed processing and prevent common errors that delay payment. Affix a label in the space shown on form FAM-27C. Cross out any errors and print the correct information on the label. Add any missing address items, except county of location and a person's name. If you did not receive labels, print or type your agency's mailing address.
- (03) to (07) Leave blank.
- (08) If filing an original reimbursement claim, enter an "X" in the box on line (08) Reimbursement.
- (09) If filing an amended claim, enter an "X" in the box on line (09) Amended. Leave box (08) blank.
- (10) Enter the fiscal year in which costs are to be incurred.
- (11) Enter the amount of reimbursement claim from form VPR-1, line II.b.
- (12) to (13) Leave blank.
- (14) Enter the same amount as shown on line (11).
- (15) to (33) Leave blank.
- (34) Read the statement "Certification of Claim." If it is true, the claim must be dated, signed by the agency's authorized representative and must include the person's name and title, typed or printed. Claims cannot be paid unless accompanied by a signed certification.
- (35) Enter the name and telephone number of the person this office should contact if additional information is required.

SUBMIT THE SIGNED ORIGINAL AND A COPY OF FORM FAM-27C, A COPY OF FORM VRP-1, AND SUPPORTING DOCUMENTS TO:

Address, if delivered by:

U. S. Postal Service

OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 P.O. Box 942850
 Sacramento, CA 94250

Address, if delivered by:

Other delivery service:

OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 3301 C Street, Suite 500
 Sacramento, CA 95816

METHOD OF REIMBURSEMENT COMPUTATION
Chapter 704, Statutes of 1975, Voters Registration
1998-99 Fiscal Year Costs

County of _____

To complete this form, indicate the number of voters' affidavits processed by source and total in part I. and compute the county's reimbursement using the formula described in part II.

I. Affidavits processed by source:

a. Number of affidavits processed by MAIL
(through postal service) _____

b. Number of affidavits received over the
counter _____

c. Number of affidavits received through
Official Deputy Registration _____

Total number of affidavits processed _____

II. Formula for computing the reimbursement:

a. Total number of affidavits processed
(above) _____

b. Enter the county reimbursement factor.
Refer to the schedule on form VRP-2, entitled
"1998-99 Reimbursement Factors by County
Amount Per Affidavit Processed." \$ _____

Total 1998-99 Reimbursement Claimed \$ _____

(Multiply IIa. times IIb.)

VOTERS REGISTRATION PROCEDURES
1998/99 REIMBURSEMENT FACTORS BY COUNTY

FORM
VRP-2

COUNTY	AMOUNT PER AFFIDAVIT	COUNTY	AMOUNT PER AFFIDAVIT
Alameda	0.376	Orange	0.338
Alpine	2.333	Placer	0.740
Amador	2.333	Plumas	2.333
Butte	0.825	Riverside	0.376
Calaveras	2.333	Sacramento	0.376
Colusa	2.333	San Benito	2.333
Contra Costa	0.376	San Bernardino	0.376
Del Norte	2.333	San Diego	0.338
El Dorado	0.868	San Francisco	0.376
Fresno	0.825	San Joaquin	0.740
Glenn	2.333	San Luis Obispo	0.740
Humboldt	0.868	San Mateo	0.740
Imperial	2.333	Santa Barbara	0.740
Inyo	2.333	Santa Clara	0.338
Kern	0.825	Santa Cruz	0.740
Kings	2.333	Shasta	0.868
Lake	2.333	Sierra	2.333
Lassen	2.333	Siskiyou	2.333
Los Angeles	0.338	Solano	0.740
Madera	2.333	Sonoma	0.740
Marin	0.740	Stanislaus	0.740
Mariposa	2.333	Sutter	2.333
Mendocino	2.333	Tehama	2.333
Merced	0.868	Trinity	2.333
Modoc	2.333	Tulare	0.740
Mono	2.333	Tuolumne	2.333
Monterey	0.740	Ventura	0.740
Napa	0.868	Yolo	0.868
Nevada	0.868	Yuba	2.333